

City of San Gabriel Parks and Recreation Department
 250 S. Mission Drive San Gabriel, CA 91776
 (626) 308-2875

Registration will continue for two weeks after the class has begun. All activities are subject to change or cancellation

Satisfaction Guaranteed Refund Policy

All refunds are given when classes or activities are cancelled by the Recreation department. If you are not completely satisfied with a class, please call (before the third class meeting) and we'll arrange for you to: 1) transfer to a new class or 2) receive a refund. A cancellation processing fee may be charged for refunds requested by the participant

Activity Registration Form

Please complete the entire form and sign waiver of liability. Walk-In registration is 9:00 a.m.-4:00 p.m. Monday through Friday
 You may use one form to register for multiple activities

ADULT PARENT OR GUARDIAN	LAST NAME:		FIRST:	
	ADDRESS:			
	CITY:	ZIP CODE:	BIRTHDATE: / /	
	DAY PHONE: ()		NIGHT PHONE: ()	

WAIVER OF LIABILITY - PHOTO RELEASE

Through this registration form, I realize that no medical insurance is provided for the City of San Gabriel activities and agree to assume the risk for any injury, death or loss of property related to my participation or the participation of my dependent. I agree to make no claims against the City of San Gabriel or any of its officers, employees, agents or volunteers for any injury or incident arising from this activity, however caused, including liability for negligence. I am physically able (or my dependent is physically able) to participate in this activity. I consent to any medical treatment my dependent needs while involved in this activity and I agree to pay for it. I hereby consent to the use of photographs depicting me or my dependent in city printed materials and or website.

Parent/Guardian Signature Required: _____ **Date:** _____

ACTIVITY NUMBER	PARTICIPANT'S NAME		BIRTHDATE MO/DY/YR	SEX	ACTIVITY NAME	FEE
	LAST	FIRST				

1800 Share A Dream: Please add \$1 to my registration fees to enable youth to participate in activities through the City's Share a Dream Program. I understand that this is a voluntary donation. Thank you!	\$1.00
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FORM OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> Check made payable to the City of San Gabriel <input type="checkbox"/> VISA: _____ Expires: _____ <input type="checkbox"/> MASTERCARD: _____ Expires: _____ Card Holder Signature: _____	TOTAL DUE:
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